

<i>SERFF Tracking Number:</i>	<i>UNFG-125673424</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Fire & Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WC-AR-10012008-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: United Fire & Casualty Company

Product Name: Workers' Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: UNFG-125673424 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC-AR-10012008-R

State Tr Num: EFT \$25

State Status: Fees verified and received

Filing Type: Rule

Co Status: In Progress

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Doug Smith

Date Submitted: 06/02/2008

Disposition Date: 06/02/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 06/02/2008

State Status Changed: 06/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing to amend Rule 3. A. 22 effective October 1, 2008 for New and Renewal business to add the option of a blanket waiver of subrogation. We are also reducing the rate that we will charge on an individual classification basis.

Since this option will primarily be used for larger risks, we have set a price of \$1,000 for this option. The current average premium that we are collecting is roughly \$500 per policy on a per classification basis. After reviewing the market and talking to our agents, we think that the \$1,000 charge will be adequate and fair. By filing this option, we will be able to decrease the processing time for our policyholders, our agents and us.

SERFF Tracking Number:	UNFG-125673424	State:	Arkansas
Filing Company:	United Fire & Casualty Company	State Tracking Number:	EFT \$25
Company Tracking Number:	WC-AR-10012008-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
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When we originally filed the rate on a classification basis from (5%/\$250), we used the suggested NCCI rate for Assigned Risk. After a review of market conditions, and our determination to write more workers' compensation business, we have decided to lower that rate to (2%/\$100).

The overall effect of these changes is a decrease of -0.3%.

Company and Contact

Filing Contact Information

Doug Smith, Analyst	dsmith@unitedfiregroup.com
118 2nd Ave SE	(800) 655-7942 [Phone]
Cedar Rapids, IA 52407-3909	(319) 286-2570[FAX]

Filing Company Information

United Fire & Casualty Company	CoCode: 13021	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Property Casualty
PO Box 73909		
Cedar Rapids, IA 52407-3909	Group Name: United Fire Group	State ID Number:
(319) 399-5700 ext. [Phone]	FEIN Number: 42-0644327	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Independent Rule filing = \$25.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Fire & Casualty Company	\$25.00	06/02/2008	20609878

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/02/2008	06/02/2008

SERFF Tracking Number:	UNFG-125673424	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

Disposition

Disposition Date: 06/02/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
United Fire & Casualty Company	-0.030%	\$-328	23	\$109,252	%	%	0.000%

SERFF Tracking Number:	UNFG-125673424	State:	Arkansas
Filing Company:	United Fire & Casualty Company	State Tracking Number:	EFT \$25
Company Tracking Number:	WC-AR-10012008-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	No
Supporting Document	NAIC loss cost data entry document	Approved	No
Rate	Manual Page	Approved	No

SERFF Tracking Number:	UNFG-125673424	State:	Arkansas
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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-5.900%
Effective Date of Last Rate Revision:	07/01/2008
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
United Fire & Casualty Company	0.000%	-0.030%	\$-328	23	\$109,252	%	%

SERFF Tracking Number:	UNFG-125673424	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Manual Page	WC-3	Replacement	AR - WC - Waiver of Subro Manual - 1008.pdf

UNITED FIRE AND CASUALTY COMPANY, CEDAR RAPIDS, IA

COMPANY EXCEPTION PAGE
to
WORKERS' COMPENSATION & EMPLOYERS LIABILITY

Arkansas

Effective 10-1-2008, New & Renewal

Premium Stock Discount Percentages
(See Basic Manual Rule VII-D)

The following premium discounts are applicable to Standard Premiums:

			Stock
First	\$ 5,000	-	-
Next	95,000	"a"	10.9%
Next	400,000	"b"	12.6%
Over	500,000	"c"	14.4%

Rule 3. A. 22 – Rating Definitions & Application of Premium Elements

The following is added to this rule:

When **WC 00 03 13 - Waiver of Our Right to Recover From Others Endorsement** is added to the policy, the charge will be as follows:

1. 2% of the developed premium for the classification to which the form is applicable, subject to a \$100 Minimum Premium, or
2. A Blanket charge of \$1,000.

Arkansas Expense Constant

Expense Constant applicable in accordance with Basic Manual Rule VI-E-2. \$160.00

Minimum Premiums

Annual Wage to be used in calculation of Minimum Premium:

\$ 2,500

Maximum Minimum Premium: \$ 550

Minimum Premium Formula:

(MWCIA Loss Cost x Loss Cost Multiplier x [Minimum Premium Average Annual Wage/100]) + Expense Constant. Round to whole dollars. The minimum premium is subject to the maximum minimum premium shown above.

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Product Name: Workers' Compensation
Project Name/Number: /

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	06/02/2008

Comments:

Attachment:

AR - WC - Waiver of Subro - F777AR_021307.pdf

	Review Status:	
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation	Approved	06/02/2008

Bypass Reason: We are changing loss costs or amending our loss cost multipliers.

Comments:

	Review Status:	
Satisfied -Name: NAIC loss cost data entry document	Approved	06/02/2008

Comments:

Attachment:

F319AR_051205- waiver.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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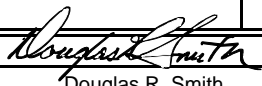
3. Group Name	Group NAIC #
United Fire Group	248

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
United Fire & Casualty	IA	13021	42-0644327	

5. Company Tracking Number	WC-AR-10012008
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Douglas R. Smith, 118 2nd Ave SE/PO Box 73909, Cedar Rapids, IA 52407-3909	Analyst	319-399-5679 / 800-655-7942, ext 5679	319-286-2552	dsmith@unitedfiregroup.com

7. Signature of authorized filer	 Douglas R. Smith
8. Please print name of authorized filer	Douglas R. Smith

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0004 - Workers' Compensation
10. Sub-Type of Insurance (Sub-TOI)	Standard Workers' Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers' Compensation
13. Filing Type	Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/1/2008 Renewal: 10/1/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	
18. Company's Date of Filing	6/2/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	WC-AR-10012008
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing the following to be effective October 1, 2008 for New and Renewal business:

We are filing to amend Rule 3. A. 22 to add the option of a blanket waiver of subrogation. We are also reducing the rate that we will charge on an individual classification basis.

Since this option will primarily be for larger risks, we have set a price of \$1,000 for this option. The current average premium that we are collecting is roughly \$500 per policy on a per classification basis. After reviewing the market and talking to our agents, we think that the \$1,000 charge will be adequate and fair. By filing this option, we will be able to decrease the processing time for our policyholders, our agents and us.

When we originally set the rate on a classification basis of 5% with a \$250 minimum, we used the suggested NCCI rate for Assigned Risk policies. After a review of market conditions, and our determination to write more workers' compensation business, we have decided to lower the rate to 2% with a \$100 minimum.

The overall effect of these changes will be a decrease of -0.3%.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: NA
Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	WC-AR-10012008
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI 0
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Company Name		Company NAIC Number	
3.	A. United Fire & Casualty	B.	248/13021

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 16.0004 - Workers' Compensation	B.	Standard Workers' Compensation

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation							
Deviated	0.00%	-0.30%	77.8%	1.096	1.440	160.00	1.440
Standard	0.00%	-0.30%	77.8%	1.180	1.550	160.00	1.550
Surcharged	0.00%	-0.30%	77.8%	1.420	1.860	160.00	1.860
TOTAL OVERALL EFFECT	0.00%	-0.30%					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2001	16	-7.5%	7/1/2001	29,183	-4,090	-14.0%	87.2%
2002	8	-4.5%	7/1/2002	22,522	81,351	361.2%	74.4%
2003	0			4,789	-119,486	-2495.0%	65.7%
2004	0			0	83,167	0.0%	65.1%
2005	0			0	16,000		39.3%
2006	0			0	238,000		65.8%
2007	23	2.7%	7/1/2007	43,839	79,570	181.5%	57.0%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	18.3
B. General Expense	3.4
C. Taxes, License & Fees	2.6
D. Underwriting Profit & Contingencies	5.0
E. Other (Investment Income)	-7.1
F. TOTAL	22.2

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. Y Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

22.00%

10. Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):

PC RLC